

Complete this form and place it some place safe and handy during deployment

American Red Cross Toll-Free Emergency Services #: 1.877.272.7337

WHEN CALLING THE RED CROSS THEY WILL ASK YOU FOR THE FOLLOWING INFORMATION:

Service Member's Name:	
Rank and Pay Grade:	
Social Security Number:	
Service Branch:	
Military Address and Unit:	
Zip Code/APO/FOP:	
Duty Phone:	
Nature of the Red Cross Message:	
Person Making Request:	
Verification Information:	
Patient/Deceased Name:	
Relationship to Service Member:	
Hospital/Attending Physician/ Contact/Phone:	
Coroner/Phone:	
Funeral Home Name/Phone:	
Diagnosis/Prognosis/Recommendation:	

BE PREPARED TO ANSWER ALL QUESTIONS!!

The Red Cross will provide you with a Control or Case Number.

Write it down here for future phone calls related to this notification.

Control or Case Number:	
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